

Behavioral Health / Combat and Operational Stress Control Personnel Survey

Multi-National Force - Iraq

This survey is being conducted under the direction of the MNF-I Commander. The purpose of this questionnaire is to gather data about the current mental well-being of Soldiers and behavioral health personnel in theater and the functioning of the mental health system in OIF. Your responses will not be linked to you as an individual.

Definition: In this survey, Combat and Operational Stress Control (COSC) is used synonymously with preventive, educational and outreach services, and the management of combat and operational stress reactions as described in FM 8-51. Behavioral Health is used synonymously with clinical care for behavioral health disorders (i.e. evaluation and treatment).

A. Demograp	hics											
Today's Date	€:				1. AGE		2. (GENDER			3. GF	RADE/RANK
					<u> 18-19</u>	}		Male			(<u>†</u> E	1-E4
					20-24			Female				5-E6
					25-29						E	
					30-39	}					© O	
					40 or	older					(S)O	
					•						• •	O1-W05
4. What type of	of work envi	ironme	nt				5. Bra	nch of Se	ervice			
did you practio	ce in?						49%	Army				
COSC							• •	Navý				
DMH							••	Air Force				
Level II							••	Marines				
Level III								Other				
Other								_				
6. PRIMARY (Active Con Reserve (L National Go AGR Individual F Reserve	nponent ISAR) uard Ready			7. Occupa Psych Occ T Psych Socia Clin F OT Si	niatrist Therapist Nurse I Worker Sycholog Decialist	jist	Corpsman		curren	tly serving lorthern fra lorth East lorth Centa Central frac	? aq (Mosu Iraq (Kirk ral Iraq (1 q (Baghd: ral Iraq (1	(uk area) Fikrit/Balad area) ad area) Karbala to Nasiriyah)
				Other					ંેડ		·	i, Virginia, etc.) , Arifjan, etc.)
9. For THIS do MONTH	eployment, JAN	please FEB	indicate MAR	MONTH/\ APR	EAR yo: MAY	u arrive JUN	d in theater JUL	: AUG	SEP	OCT	NOV	DEC
WOH III	40	- (2)	iviza v		1012-1		102	A00		(i)	49	43
YEAR	2003		2004	2005	200	6	÷.÷	9);	#.F	T W	11 (•	\$ P _P

10. How long (MONTHS)	11 How many TOTAL DAYS	12. How many MONTHS	13. How many MONTHS
should a deployment last?	have you been deployed (combat	have you been assigned	has your current unit
0 0 0	or peacekeeping) in the past two	to the current unit?	been deployed to
1 (5) (1)	years)? 0 (() 0 (() 0 (())	0 0	fraq/Kuwait?
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7	649 649	6 <u>6</u> 6	5 5
8 8	7 (5) 7 (5)	7 7	6 6
9 9	8 8 8	8 8	7
	949 949	9/19/19	8 8 8
			9/33/339

B. Standards

1. Please indicate how much you DISAGREE or AGREE
with the following statements:

The standards of BH care in this theater/Area of Operations are clear.
The standards for clinical documentation in this theater/Area of Operations
are clear.
The standards for records management in this theater/Area of Operations
are clear.
The standards for transfer of clinical BH information between levels of care in

C. Coordination

know how to respond.

1. Please indicate how much you **DISAGREE** or **AGREE** with the following statements:

this theater/Area of Operations are clear.

Lencountered situations involving medical ethics in Iraq to which I did not

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	
My higher headquarters provides us with the resources required to conduct our						
BH/COSC mission.						
My higher headquarters encourages us to provide feedback/comments to				en anta esa esa esa esa esa esa esa esa (1200 de 120).		
theater/Area of Operations BH/COSC policies.	(3)	(2)		(2)		
We coordinate/integrate our BH/COSC activities with the Unit Ministry Teams						
in our Area of Operations						
We coordinate/integrate our BH/COSC activities with primary care medical						
personnel in the battalion aid stations/medical companies.	- 1755 N. 1					

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D. Combat and Operational Stress Control and Behavioral Health Services

1. During this deployment	ent, how frequently did you:	NEVER	ONCE	EVERY 2-3 MONTHS	ONCE A MONTH	THREE TIMES A MONTH	A WEEK	TIMES A WEEK
Provide COSC outread	h services?							
Conduct educational cl	asses?							
Consult with unit leade	rs?							
Conduct psychological	debriefings (CED/CISD)?							
Conduct systematic un	it needs assessments?							
Conduct Suicide Preve	ntion Training?					: 12.5 5 (1.5)	1.32.3	
Provide one-to-one BH	counseling with Soldiers at their							
worksite?								
Provide one-to-one CC	SC services with Soldiers at their							
worksite?							(%)	
Provide one-to-one BH BH/COSC unit local	counseling with Soldiers at the ion?							
Provide one-to-one CC	SC services with Soldiers at							
BH/COSC unit locat	ion?		(表)	(\$)	4	136	(E)	例
2. How many people	3. Approximately how many	4. How many	locations	s (base	5. On	average,	how ma	ny hours
are on your	Soldiers does your team	camps/FOBs) does yo	our	doesi	t take to	travel to	the base
BH/COSC team?	support?	BH/COSC tea	am suppo	ort?	camp	s you sup	port (inc	luding
	Example: If 200, then	Example: If 2	0, then		prepa	ration tim	ie)?	
0 (0 (0)	<u>bubble "0200"</u>	<u>bubble "020"</u>			Exam	ple: If 20,	then bu	<u>bble "020"</u>
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4	3(1) 3(1) 3(1)	•••	3 (%) 3	****			3 (%) 3	-
5	4@ 4@ 4@ 4@	•••	4 (1) 4	••••		****	4 3 4	••••
⊕6	56 56 56 56	5 💮	5 (5) 5	•		5 (3)	5 (5) 5	•
7	6 6 6 6 6		6 6	3 (0)			6 6	3 (2)

E. Skills and Training

Please indicate how much you DISAGREE or AGREE with the following statements:

7(1) 7(1) 7(1) 7(1)

8 8 8 8 8 8

949 949 949 949

STRONGLY DISAGREE AGREENOR STRONGLY DISAGREE AGREE AGREE DISAGREE 1. I feel confident in my ability to: Use the COSC Workload and Activity Reporting System (COSC-WARS). Help Soldiers adapt to the stressors of combat/deployment. Evaluate and manage Soldiers with suicidal thoughts/behaviors. Evaluate and treat Soldiers with substance Abuse/Dependence. Evaluate and treat Combat and Operational Stress Reaction. Evaluate and treat Acute Stress Disorder/PTSD. Evaluate and treat victims of sexual assault. Perform clinical evaluation and treatment of Iraqi civilians. Perform clinical evaluation and treatment of detainees. Perform clinical evaluation and treatment of Iraqi Security Force personnel.

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F. Stigma and Barriers to Care

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. Please indicate how much you DISAGREE or AGREE vith the following statements:	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
Commanders welcome back Soldiers who have received COSC services from					
my team.					
Commanders welcome back Soldiers who have been assessed for suicidal					
thoughts/behaviors and returned to duty.					
Commanders welcome back Soldiers who have been assessed for homicidal					
thoughts/behaviors and returned to duty.					
Commanders welcome back Soldiers who have received other BH services				. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
from my team.					<u>(5)</u>
The medical leadership doesn't support BH/COSC outreach.					
The supported units' leadership doesn't support BH/COSC activities.		245 252			
There is inadequate transportation to conduct outreach activities.					
There is inadequate communication between BH/COSC and supported units.					7 17 1 7 17 1 7 17 1
Soldiers feel uncomfortable talking to BH/COSC personnel about their problems.					
BH/COSC personnel are unfamiliar with supported unit's leadership and					
Soldiers.	1.7.1	177		(W)	(%)
Traveling to supported units is too dangerous.					
Arranging travel to supported units is too difficult.					
The inability to arrange travel has led to mission cancellations.					
BH/COSC personnel don't like to perform outreach services.			(2000) (2		
BH/COSC personnel aren't trained to conduct outreach services.					
BH/COSC personnel are not available due to performing non-BH/COSC	***************************************				
missions.		(%)	. 1555 1, 7, 2		(11)
BH/COSC personnel don't think preventive outreach activities are effective					
Commander's support BH provider recommendations for medevac out of					
theater.	(3)	(2)			(h)
Commanders respect patient confidentiality when it comes to mental health					
issues.					
There are sufficient BH assests in theater to cover the mission across the					
Area of Responsibility (AOR).		(3)	133		(%)

G. Soldier Needs

1.	How	often	do	you	assess	the	BH/COSC	needs	of the	units
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you support?	Never	Seldom	Frequently	Always
Talk informally to the Soldiers				
Conduct focus groups with Soldiers				
Talk with the chaplains				
Talk with the unit's commander				
Talk with the unit's medical personnel				
Use validated surveys/instruments				
Use locally developed surveys/instruments				
Develop a BH/COSC unit prevention and early intervention plan				
Conduct Command Consultation				

2. Who do you think is the most appropriate
teacher of ethics on the hattlefield?

 ?	C	ha	pla	in	Ś

Mental health personnel

Officers in unit

NCOs in unit

Other

3.	Who should	participate i	in the	teaching	of
et	hics on the b	attlefield?			

Mark all that apply.

Chaplain'	S
. 1	

Mental health personnel

Officers in unit

NCOs in unit

Other

H. Personal Well-being

1. Please indicate how much you DISAGREE or AGREE with the following

with the following statements:	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
My ability to do my behavioral health job is imparied by the stressors of			*		
deployment/combat.					
My mental well-being has been adversely affected by the events I have			in a California de la casa de la c		
witnessed on this deployment.					
My spiritual well-being has been adversely affected by the events I have					
witnessed on this deployment.					
Since this deployment, I have become less sensitive to the needs of the					
Soldiers I serve/support.					
My ability to do my job is imparied by listening to the combat experiences of					
Soldiers I've talked with while performing my BH/COSC mission.					

2. Please rate the following:	Very Low	Low	Medium	High	Very High
Your personal morale					
Your energy level					
Your level of burnout					
Your motivation		:23 43			

3. The following equipment/supplies would hav	e improved my team's ability to comple	ete our BH/COSC mission:
I. Psychiatric Medication (ONLY providers of	redentialed to prescribe medication	s)
1. The procedures for ordering/replenishing psychiatric medications in this theater/Area of Operations are clear. Construction Discourses 1. The procedures for ordering/replenishing for ordering fo	In general, there has been adequate availability of appropriate psychiatric medications in the area	 There has been adequate availability of appropriate psychiatric medication at these levels of care:
Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree	of operations. Yes No	Level I (Battalion Aid Station) Yes No Level II (Forward Support Medical Company) Yes No Level III (Combat Support Hospital) Yes No
4. What medications were needed by Soldiers but were not able to prescribe:	this deployment,	
5. Have you ever prescribed a medication that you felt uncomfortable prescribing? No Yes, reason	of you ূNo	d you ever practice outside the scope ur privilege?

THANK YOU FOR COMPLETING THIS SURVEY!

Please provide any additional comments below and on the back of the survey, if needed.